

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)**

SC. NO.

**FILED DATE**

ACCESSIONED

CLAIMS

NO.	DEP.	AFTER 1st ACKNOWLEDGMENT		AFTER 2nd ACKNOWLEDGMENT	
		NO.	DEP.	NO.	DEP.
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<b>TOTAL NO.</b>		<b>6</b>			
<b>TOTAL DEP.</b>			<b>1</b>		
<b>TOTAL</b>				<b>1</b>	

<b>BEST</b>	<b>AVAILABLE</b>	<b>COPY</b>
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